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A Special Section of the Addison Independent
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When will playgroups return to Addison County?

By MEGAN JAMES

If you had a baby or toddler in Addison County before 2020, you likely have fond memories of community playgroups: eating Ritz crackers with cream cheese in the Memorial Baptist Church basement; zooming around on tricycles at the Middlebury Rec Center; playing with homemade playdough at Weybridge Elementary School; dancing to Raffi songs in the community room at Helen Porter Rehab.

When the pandemic struck in March 2020, it abruptly put an end to playgroups, open gyms and drop-in storytimes, cutting off an essential social and emotional outlet for families with babies and toddlers.

In the nearly two years since then, families have found other ways to connect. In the early weeks of the pandemic, local children's librarians stayed engaged with their adoring fans with lively virtual storytimes. Many shifted to outdoor in-person gatherings in the summer, and some hardy librarians — lookin' at

you, Bixby Library in Vergennes and Lincoln Library — have managed to stay outdoors throughout this winter.

Others, such as Middlebury's Ilsley Library, have shifted to limited-capacity indoor gatherings that require pre-registration. Librarians at Lawrence Memorial in Bristol gave themselves a little more breathing room by moving their in-person storytimes into Holley Hall. But those were put on hold with the arrival of the omicron variant earlier this winter.

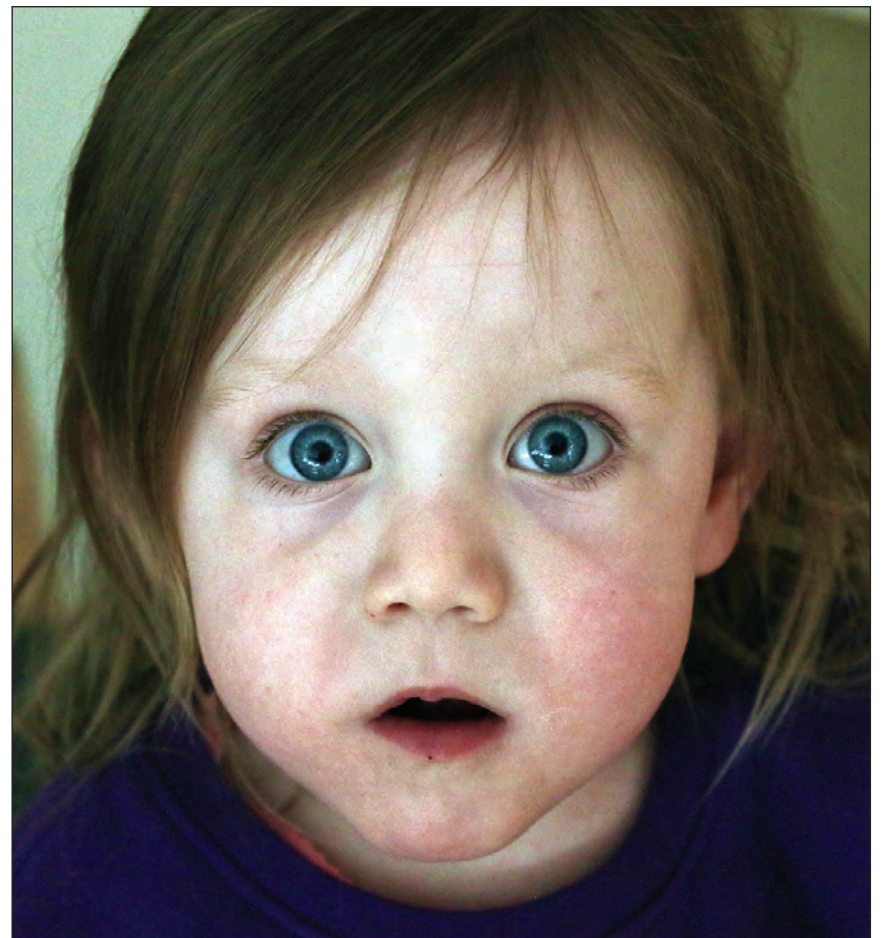
Some determined families have taken to studying the Middlebury Parks & Rec gym schedule on the town website to find open windows when they can enjoy the space.

The playgroups run by the Addison County Parent/Child Center at

various area church basements are on hold indefinitely. And as long as local schools are still restricting entry to the general public, playgroups that used to be held at Mary Hogan School in Middlebury and Weybridge Elementary

(See *Playgroups*, Page 12)

Some determined families have taken to studying the Middlebury Parks & Rec gym schedule on the town website to find open windows when they can enjoy the space.



Oh my

AMELIA FOURNIER OF Whiting takes a break from playtime at the Addison County Parent/Child Center in Middlebury last week to check out a journalist photographing the kids there.

Independent photo/Steve James

Baby's colic doesn't last forever

New parents know there is a learning curve when an infant comes home for the first time. Even with the best planning and research, it takes time for new parents to find their grooves caring for a newborn whose abilities to communicate are limited.

Babies cry to alert their caregivers when they are hungry, tired or wet. Tears are a normal part of the parenting process — as babies can cry for as much as two hours per day, according to WebMD. But excessive crying may be a symptom of colic.

What is colic?

The Mayo Clinic defines colic as frequent, prolonged and intense crying or fussiness in an otherwise healthy infant. When experiencing colic, a baby cries for no apparent reason and no amount of consolation seems to bring any relief. Johns Hopkins Medicine indicates that colic is most common during the first six weeks and usually will go away on its own in three to four months. Twenty-five percent of newborn babies may have colic.

Identifying colic

Crying is not necessarily indicative of colic, though certain types of crying, especially when accompanied by other symptoms, are suggestive of colic.

- Crying for more than three hours a day.

- Crying jags more than 3 days a week.
- Crying for more than 3 weeks at a time.
- Crying that often begins suddenly, with mostly loud, nonstop sessions.
- Crying that starts in the evening, typically at the same time each day.
- Extreme fussiness even after crying has diminished.
- Facial discoloration, such as reddening of the face and pale skin around the mouth.
- A tense body that includes stiffened legs and arms, clenched fists, an arched back, or tense abdomen.
- Excessive gas, likely resulting from swallowed air during prolonged crying.

Ruling out other issues

Collect information when the infant cries and share it with the pediatrician to determine if colic is the culprit. Sometimes fussiness is for other reasons, including food allergies, hunger or weakness, pain from an illness or injury, acid reflux, or discomfort from being too hot or too cold.

All symptoms should be checked by the pediatrician, such as a fever of 100.4 degrees or higher. Even if colic is suspected, a doctor can help manage colic to help reduce parents' stress and make it easier to cope with the condition.

— Metro Creative

The little darlings shown on the front of this section (Page 9) are, from left to right, top row: Esmae Rinder-Goddard at the Bristol Family Center; Vanessa Kennedy at the Addison County Parent/

Child Center; and Calder Osborne at the Otter Creek Child Center; and bottom row: Amelia at Mary Johnson Children's Center and Aven Sanborn at Addison County Parent/Child Center.

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Time to play!

ELI, LEFT, AND Avery demonstrate that they know how to explore their world and have fun at Mary Johnson Children's Center in Middlebury last week.

Photo courtesy of Mary Johnson Children's Center

Playgroups

(Continued from Page 11)
aren't an option.
But there's some good news: As COVID case counts continue to drop, and a vaccine for children under age 5 is expected later this month, some local organizations are making plans to restart drop-in programs.
Here's what we know so far:
Middlebury Parks & Rec is planning to start up its much-loved Tot Time open gym session on Wednesdays at 10:30 a.m. starting March 9. "If all goes well

in March we will return to two days a week in April," Superintendent Dustin Hunt told us. Masks will be required for unvaccinated children under age 5.
At Ilsley, Children's Librarian Tricia Allen is starting up another limited capacity storytime session in March. "After April break, I am tentatively planning to have three or four drop-in storytimes until we take a break from programming in mid-May to prep for summer," she said. Allen noted that summer programming — Preschool Art

in the Garden, Book Bike Storytime and Bounce and Play Storytime — will all be drop-in style.
In Bristol, Lawrence Memorial Library Director Coco Moseley and Children's Librarian Marita Schine are hoping to bring back two weekly in-person storytimes the week of March 14, "as long as things keep trending in the right direction re: COVID infections," Moseley said. Those storytimes will take place in the library children's room on Mondays and Thursdays at 10:30 a.m.

Additionally, Lawrence Library recently received funding from the Children's Trust Fund to offer programming for parents and caregivers of children under age 1. "We are still working on the details of those programs, especially how to safely bring infants and babies together," wrote Moseley. "I hope to launch the programming this summer, but I'm hesitant to move too quickly given the ever-changing landscape. Stay tuned!"



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Q: How Young is Too Young?

A: There is no "too young."

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THE ABUNDANCE OF snow this winter has prompted Georgia and Abigail Gong to jump at the opportunity to go skiing at Rikert Nordic Center in Ripton.

Photo by Erick Gong

Embrace the cold, make the most of the winter

By FAITH GONG

During our family's early years in Vermont, my friend Deborah warned me that January was the coldest month. "There's usually one week every January when the temperature never gets above freezing," she said.

So far, history has proven her correct. But January 2022 was an overachiever: As I write this column and look ahead at the 10-day forecast I see only one day with temperatures over 30 degrees. Most nights dip down into negative temperatures; this morning at our house it was minus-22 degrees.

My daughter — the same one who shouted snowfall spells at the sky in October — now moans, "I'm tired of winter; I want spring!" But, in general, we take the frigid temperatures in stride. We make jokes like, "Oh look, it's warmed up to a balmy minus-5 degrees!" We stay inside and are grateful for woodstoves, good books, hot drinks, and Darn Tough socks. And when the temperature is reasonable — anything above 10 degrees — we jump at the opportunity to go skiing.

Still, things got so bad that our school district cancelled school one day because of the cold. Nothing was falling from the sky, but the wind chill was supposed to make temperatures feel like -35 degrees. It was a surprising move for Vermonters, and there were mixed reactions to the district's rationale (something about buses not starting and kids getting hypothermia at recess). The independent school that my two oldest daughters attend, which usually



FAITH GONG

follows the district's closures, announced in multiple emails with capitalized subject lines that school WOULD carry on. One of these communications included the sentence: "We aren't a bunch of weenies."

That afternoon was my turn to pick up our carpool group from the Tri-Valley Transit bus stop (no issues with those buses starting, apparently). According to my minivan the outside temperature was zero degrees. When I asked the four middle schoolers in our carpool whether they'd stayed indoors, I was informed that the whole school had taken an outdoor meditation walk in order to ponder their personal struggles and how they might

resolve them. (One wonders if, "I'm freezing, and I might go inside," was a common meditation). Then they stood outside for five minutes to "get in the mood" for viewing of a documentary film on Ernest Shackleton's 1914 Antarctic expedition aboard the *Endurance*, in which the entire crew survived being trapped by the ice for nearly two years.

"Well," I said, "at least you're not weenies."

A teenage boy in the backseat muttered, "I wouldn't have minded being a weenie." A heated discussion followed on whether they would've eaten their dogs to survive (as the Shackleton expedition did) or starved on principle.

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The worst part about frigid temperatures is how they confine us indoors. I am the sort of mother who encourages my children to play outside in all conditions, adhering to the philosophy that there's no poor weather if you have appropriate outerwear (a philosophy I share with my daughters' school). But sub-zero weather forces me to compromise: When my husband says, "I just heard that any exposed skin will be frostbitten in eight minutes," I do not boot our children out the door.

Cabin fever sets in quickly. For the past week, our daughters have been trying to convince us that our house is too small. "We need two more bedrooms," they argue (so that they may each have their own room), "and a big playroom. Can we build an addition?" When it becomes clear that this isn't happening, they start rearranging the furniture, reconfiguring their rooms and building forts and obstacle courses.

On one day when temperatures were forecast to soar up to 31 degrees Fahrenheit, I decided to take our 2-year-old to the playground.

I bundled him up in the appropriate outerwear: snow pants, boots, coat, hat and mittens. He navigated the playground heartily, not minding the snow on the ground or the ice at the bottom of the slides. He asked to be put into the swing — one of those bucket swings for babies, with holes for their legs — and squealed joyfully as I

pushed him.

When he asked to be taken out of the swing, I realized I was in trouble: I couldn't get him out. His snowsuit was too puffy, his boots too big to fit through the leg holes. Removing his boots might have helped, but they were tucked securely

(See *Being outside*, Page 14)

I realized I was in trouble: I couldn't get him out of the bucket swing at the park. His snowsuit was too puffy, his boots too big to fit through the leg holes.

Being outside

(Continued from Page 13)

under the elastic of his snow pants; plus, we still had time to play, and I didn't want to risk getting his feet cold and wet. The boots weren't the only issue: I am a short person, this swing was hung high, and my toddler is a solid little guy, so I couldn't achieve the proper angle to pull his puffy little body out of the seat.

After attempting vigorous tugs from various positions, I had to admit that this

was a mama first — something that's pretty rare after five children. Apparently I hadn't taken many snow-suited toddlers to the playground in the past.

"I don't know if I can get you out, buddy," I said to him. He smiled happily, thinking this was a great joke, but I felt panic starting to rise. I cast my eyes around at the houses surrounding the park but saw no potential helpers in yards or windows. Calling the fire department for a child stuck in a swing seemed overdramatic. So I took desperate measures.

"OK, hold on tight; we're going upside down!" I said. I looked at the surrounding houses again, this time hoping nobody was watching.

Then, I got a firm grip on my son and turned the entire seat upside down. As he hung like a bat with his head at my knees, I painstakingly worked his booted feet out of the leg holes. Thankfully our son is a laid-back little guy, so he thought the whole thing was one big game.

This was the moment when I started looking forward to summer, when it no longer takes 15 minutes to suit up my children for outdoor play, and swings become harmless again.

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I don't see much wildlife in January aside from the chickadees that cluster around the suet in our birdfeeder. So, although there are plenty of deer in our back field in other seasons, it was a shock when a female white-tailed deer emerged from the bushes about 50 yards from my kitchen window.

"Oh wow!" I said aloud, pausing my dishwashing to watch her progress across the field. Head held high and with perfect posture, she had places to go but wasn't rushed. The doe seemed to flow over the frozen ground with a gracefulness that took my breath away.

I know that winter is difficult for deer, too, but this doe was so perfectly at home in our January world that it felt like a reminder.

We are housebound, bundled into awkward layers, hunched against the harsh cold, and sometimes trapped by the ice, but the world around us remains a place of startling beauty and wonder.

Isn't this how it always is? Life is



GEORGIA GONG CLEARLY knows how to have a good time in cold weather — cover yourself with snow!

Photo by Erick Gong



TWO-YEAR-OLD LEVI GONG'S puffy coat, snow pants, mittens and boots keep him snug as a bug in a rug even during this very cold winter.

Photo by Erick Gong

hard, harsh, heartbreaking; life is full of light, love, and laughter. Both things are absolutely true at the exact same time, which is how it is to be human on earth.

Faith Gong has worked as an

elementary school teacher, a freelance photographer, and a nonprofit director. She lives in Middlebury with her husband, five children, assorted chickens and ducks, one feisty cat, and one anxiety-prone labradoodle. In her "free time" she writes for her blog, *The Pickle Patch*.

Natural Beginnings

VICKI KIRBY RN, IBCLC, RLC

Vicki is a board certified registered lactation consultant that offers home, phone, or telemedicine visits for mothers who are facing a variety of breastfeeding challenges in Addison and Rutland counties, and some areas in New York State. She also has a prenatal monthly breastfeeding class available on Zoom. Mothers can feel overwhelmed when trying to balance milk production, latching issues, nipple soreness, engorgement, pumping and returning to work, and much more. Vicki is available to help mothers during this transitional period — you are not alone.

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Home births rise in Vermont

In the early 1900s, nearly all American women gave birth outside a hospital. By the 1940s, less than 50% of them delivered their babies at home. And by the late 1960s, just 1% did so.

That's pretty much where things stand today. Almost all babies in the U.S. are now delivered in a hospital — in stark contrast to what was commonplace a century or so ago.

No one is likely to argue the tide is racing back toward out-of-hospital births, but it does seem to be leaning in that direction — if only slightly.

According to the Centers for Disease Control and Prevention (CDC), the percentage of U.S. out-of-hospital birth deliveries increased from 1.26% in 2011 to 1.36% in 2012.

Most of these “alternative” deliveries occur at home, although a good number take place in freestanding birthing centers. (In 2012, just over 35,000 of the nearly 54,000 out-of-hospital births in the U.S. happened at home. Birthing centers served as the setting for around 15,500 of them.)

The pandemic appears to have prompted more families to opt for home births. With 155 home births in the first year of the pandemic, the number of mothers who chose to give birth at home has increased 30% in Vermont in the first year of the pandemic. That's the 13th largest increase nationwide, according to CDC data.

The percentage change in home births from 2019 to 2020 was up 22% for all of the United States. South Dakota saw the biggest jump — 68% — and only one state saw a decrease in home births — New Hampshire recorded a 1% decrease.

Recent increases are directly attributable to the pandemic, as concerns over getting COVID-19 at the hospital, hospital

lockdowns and fears of family separation prompted more mothers to deliver at home.

HOME BIRTHS

Women who give birth at home often usually want to give birth in a comfortable setting. They want to be surrounded by family or friends. They want to avoid all the medications and medical interventions or interruptions that are so common during hospital deliveries. And they typically want to feel more in control of the entire birthing process.

Cost tends to be a concern, too. Many pregnant women choose home birth so they can bypass the bills associated with most hospital births. How much does a home birth usually cost? Around \$3,000, or about 60% less than you'd pay if you gave birth in a hospital, according to the American Pregnancy Association.

But outside-of-hospital deliveries have their own costs, and you may have to pay some or all of them out of pocket, whether you have health insurance or not. Although a number of U.S. insurers now cover certain midwife services, many still balk at covering planned home births, characterizing them as “risky” or “not medically appropriate.”

There are health insurance companies that cover home births, though, so don't give up if that's how you want to deliver your baby. Contact your insurance provider to see how — or if — your plan treats this sort of situation. And even if your health plan covers home births, don't be surprised if it ties some requirements to that coverage. One example: you may have to use a midwife who has been certified by state regulators. Also, you might need to pay for various supplies or pieces of equipment.

This story was provided by QuoteWizard.com.

The percentage change in home births from 2019 to 2020 was up 22% for all of the United States.

Premature babies require specialized care

Infants born before the 37th week of gestation are considered premature (Normal gestation is around 40 weeks). The American Academy of Pediatrics says premature births occur in about 11% to 13% of pregnancies in the United States. In addition, almost 60% of multiples pregnancies (twins, triplets, etc.) result in preterm births.

Initially, caring for children born prematurely, often referred to as “preemies,” may differ from parenting a full-term baby. It is important that parents recognize this and acknowledge that premature babies require different care than those born at full-term.

The average full-term baby weighs around seven pounds, but a premie may weigh five pounds or less. A premie may look different from a full-term infant. When compared to full-term babies, preemies' heads will seem much larger in relation to the rest of their bodies. Also, preemies tend to have less fat, so their

skin can appear thin and transparent. His or her features will seem sharper and less round than the features of babies born at full-term. The absence of protective fat means a premie will quickly get cold in normal room temperatures. It's common for premature infants to be placed in an incubator or under a radiant warmer to help maintain body temperature.

Depending on how prematurely they were born, preemies may spend days or weeks in the neonatal intensive care unit (NICU). Preemies sometimes have trouble breathing due to immature respiratory systems. Respiration and heart rate will be monitored, and oxygen may be supplied to help ensure the organs get an adequate supply. A continued positive airway pressure (CPAP) machine may be used temporarily to assist in breathing as well, according to the Houston-based Sprout Pediatrics.

Parents may be temporarily prevented (See *Preemies*, Page 16)



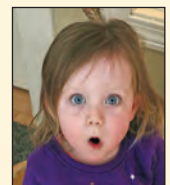
Little man

AT BRISTOL FAMILY Center last week Colton Cousino uses a drum as a seat and plans the next move for the block in his hand.

Independent photo/Steve James



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Childproofing your home takes some time and planning

It's not long before newborns who need their parents to cater to their every need become toddlers who can't wait to go exploring on their own. The curiosity can come quickly, which underscores how important it is for parents to childproof their homes.

Childproofing is essential in the nursery where children tend to spend much of their time, but it's necessary elsewhere in the house as well. The Children's Hospital of Los Angeles says fractures are the most common injuries among infants and toddlers as they develop a sense of curiosity and gain mobility. Head and mouth/tooth injuries are some additional

injuries curious kids may suffer during this period in their lives. This childproofing checklist can help reduce the risk of injury.

- Follow United States Consumer Product Safety Commission crib safety regulations, which include fixed sides, a firm mattress and slats that are no more than 2 and 3/8 inches apart.

- Install carbon monoxide detectors and smoke detectors on every story of the house and check batteries in detectors frequently.

- Install a temperature guard on the water heater and never set it above 120 degrees F.

- Cover all sharp furniture edges and corners with safety padding or specialty

bumpers.

- Block all open outlets with outlet covers or safety plugs.

- Place lockable covers on the garbage.

- Install stove knob covers.

- Use latches on any drawers, toilets, doors or cabinets within the child's reach.

- Anchor heavy furniture, such as televisions, bookshelves and dressers, to the walls.

- Install safety guards on windows.
- Pull the crib away from other furniture.

- Use cordless window blinds.

- Place gates at the top and bottom of stairs and use them to prevent access to rooms that are off limits.

- Store cleaning supplies, tools and breakable items out of reach or in a locked cabinet.

- When the child reaches 35 inches in height or can climb out of the crib, it's time to transition to a toddler bed.

- Choose toy chests or other furniture with spring-loaded hinges.

- Do not hang heavy wall art or shelving over cribs.

- Cover radiators, hot pipes, etc. with protective materials.

- Remove flaking paint and be sure to have paint tested for lead.

- Inspect the home for protruding nails, bolts or other hardware that can cause injury.

These are some childproofing measures parents can implement to keep kids safe. Parents can customize childproofing plans based on their needs and the designs of their homes. Consult with a pediatrician for other tips on making a home safe for young children.

— Metro Creative

Preemies

(Continued from Page 15)

from holding their infant while they are in the NICU. However, once the child becomes stable, and only after careful sanitation, it's possible for new moms and dads to hold their baby. Visitors to the NICU likely will not be allowed to hold the child, however.

A premie must meet certain criteria in

order to be discharged from the hospital:

- Maintain body temperature in an open crib for at least 24 to 48 hours, depending on how premature the baby was at birth.

- Feed by bottle or breast without supplemental tube feedings.

- Gain weight steadily.

Most premature infants do not need specialized medical support after leaving

the hospital, regular medical care and evaluation are advised.

Preemies often need extra nourishment because they have to catch up to the growth of full-term infants. Patience is necessary since preemies require smaller, more frequent feedings. Preemies have delicate immune systems, so they may be vulnerable to viral infections once they go

home from the hospital. As a result, parents may have to wait to welcome visitors until the infant is a little older.

Premature babies require some extra care to help them thrive. Parents can work with trusted pediatricians to give their infants the best opportunities to grow and develop.

— Metro Creative

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Happy learner

YOU CAN TELL just how much fun Brynn McClellan has while finding the raccoon faces on her toy at the Otter Creek Child Center in Middlebury.

Photo courtesy of Otter Creek Child Center